Please Help Us Keep Track of Your Child's Intake and Output

NAME:_____ **AGE:**_____
DATE:_____

TIME	INPUT	OUTPUT
Fluids started:	**Please give your child _____mL or _____oz of** _____ **and continue to give fluids even if vomiting/diarrhea**	**For example: vomit x 1** (large amount)

Legend:

Indicate time of input
Indicate type of food/fluid given
Indicate amount of food/fld given (oz or mL)

Indicate time of output
Indicate type of output; urine, stool (diarrhea) or vomit
Estimate amount of output (small, medium, large)

Last revised Nov 9th, 2010